

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		2			53						
4		1		1			54						
5	1		1				55						
6		1	1				56						
7		1		1			57						
8		2		2			58						
9	1						59						
10		1					60						
11		1					61						
12		2					62						
13		1					63						
14		1					64						
15	1		1				65						
16	1		1				66						
17		2		2			67						
18		1		1			68						
19	1						69						
20							70						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12		5				TOTAL IND.						
TOTAL DEP.	17		9				TOTAL DEP.						
TOTAL CLAIMS	29		14				TOTAL CLAIMS						